

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 5, 2007

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

The Spigot has applied to obtain a Class C liquor license. This business located at 1624 'O' Street.

This business has been purchased by Michael Schuering and Brian Mohl.

Michael Schuering has applied to be the manager of the liquor license. An appointment was sent for a background interview with Mr. Schuering on October 25<sup>th</sup> 2007 however he failed to show for his appointment; therefore no background investigation was completed.

Information received from the Nebraska Liquor Control Commission has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) The Spigot

Street Address #1 1624 O St

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402) 435-4582

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Michael A Schuering Jr

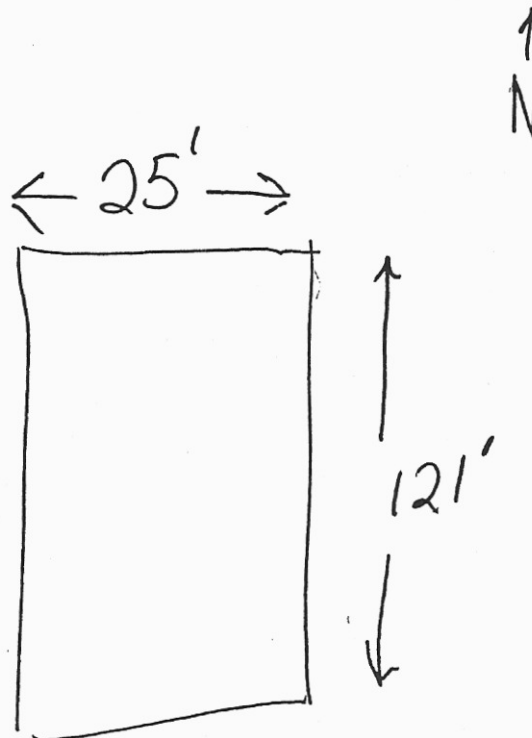
Street Address #1 1025 E St #2

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Michael A Schuering Jr - Traffic Violations California, Nebraska,  
Wyoming, Nevada

Brian Mohl - Dui 6/2002 Wisconsin, Dui Iowa, Traffic violations  
Nebraska Iowa Minor citation Nebraska

### 2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number SP190T C07086

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

See Attached

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Wells Fargo

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. See attached

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Nebr. Rev. Stat. § 53-17)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR  
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

US Bank (Downtown Lincoln) Michael A Schuering Jr : Brian Mohl

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NA

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Michael A Schuering Jr 40+ hrs/week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

5 years bartending/supervision of a bar, 3 years Money/Asset Protection and customer service at Harrah's Inc, Nevada certified to handle Alcohol

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date October 31, 2010

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? Nov 15 2007 - Dec 15 2007

16. What will be the main nature of business? Retail/Sales Customer Service

17. What are the anticipated hours of operation? 7 Days a week 11am - 1am

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
		FROM	TO	FROM	TO

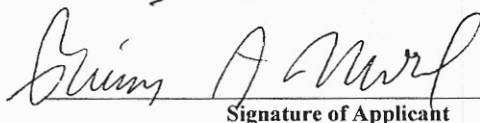
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

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Signature of Applicant

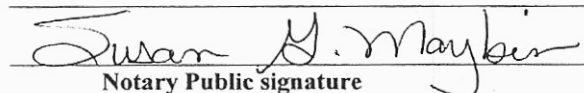
\_\_\_\_\_  
Signature of Spouse

State of Nebraska  
County of Lancaster

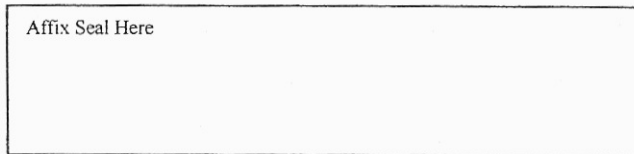
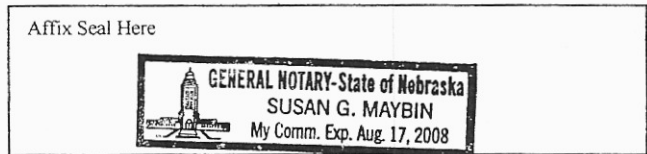
County of \_\_\_\_\_

The foregoing instrument was acknowledged before  
me this October 3, 2007 by

The foregoing instrument was acknowledged before  
me this \_\_\_\_\_ by

  
\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
PARTNERSHIP  
INSERT - FORM 2**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc-ne.gov](http://www.lcc-ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**Partner(s), including spouses, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: Schuering Jr

First Name: Michael

MI: Allen

Home Address: 1025 E st #2 City: Lincoln Zip Code: 68508

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: (916) 475-6922 802-3319

Drivers License Number: \_\_\_\_\_ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☐ YES

☒ NO

If yes, provide your spouse's information below

Spouses Last Name: \_\_\_\_\_

Spouses First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Mohl

First Name: Brian MI: A

Home Address: 3000 Farnam St. #8B City: Omaha Zip Code: 68131

Social Security Number:                      Date of Birth:                     

Home Telephone Number: 402-541-8920

Drivers License Number:                      State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☐ YES

☒ NO

If yes, provide your spouse's information below

Spouses Last Name:                     

Spouses First Name:                      MI:                     

Social Security Number:                      Date of Birth:                     

Drivers License Number:                      State:                     

If necessary, this page can be copied for additional partner information